



Office of Human Resources  
 SOWELA Technical Community College  
[www.sowela.edu](http://www.sowela.edu)  
 HR Main Phone: 337-421-6510

**Check box of appropriate work-study area of employment:**

Clerical  
 Maintenance  
 IT

**Note: Students are not permitted to work in their major department.**

SF 10D

Rev. 12/16

## APPLICATION FOR STUDENT EMPLOYMENT

**PLEASE PRINT OR TYPE**

File form with employing agency.

An Equal Opportunity Employer

<b>PERSONAL</b>	Name of Applicant		Position Applied For			Telephone No. ( ) -	
	Address		City	State	Zip Code	Date of Birth	Social Security No.
	<b>YES</b>	<b>NO</b>	In the section below, if the answer to items 1,2, or 3 is YES, you are required to answer the accompanying questions. A YES answer to these questions will not automatically bar you from employment.				
	<input type="checkbox"/>	<input type="checkbox"/>	1. In the past five (5) years, have you been removed from a position as a result of misconduct or resigned to avoid such removal?		1.If yes, give name and address of employer(s) and reason(s) for separation.		
<b>EDUCATION</b>	4. Are you now a full time regular student? <input type="checkbox"/> YES <input type="checkbox"/> NO		5. School, college or university you are now attending. NAME _____ ADDRESS _____				
	6. Current Grade/Classification		Other School		7. If you are not presently attending school		
	High School College Graduate School _____ 1 <sup>st</sup> yr _____ 2 <sup>nd</sup> yr				<b>MO      YEAR</b>		
				A. When were you last registered?			
				B. When do you plan to return to school?			
<b>8. LIST PREVIOUS WORK EXPERIENCE ON PART 2</b>							
<b>AUTHORIZATION</b>	I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, hospitals and other individuals and agencies to duly accredited investigators, personnel technicians and other authorized employees of the state government for that purpose.						
	I certify that the answers I have given to all questions in this application are true to the best of my knowledge. If I am appointed, I agree to promptly notify the proper agency official of any change in my status as a student, including any reduction in courses taken, termination of student status, or scholastic probation.						
Signature of Applicant						Date	

Complete top portion only of page 2

SOWELA Technical Community College does not discriminate on the basis of race, color, national origin, gender, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies:  
 Title: Compliance Officer, Address: 3820 Sen J Bennett Johnston Ave, Lake Charles, LA 70616, Telephone: 337-421-6565 or 800-256-0483, Email: [complianceofficer@sowela.edu](mailto:complianceofficer@sowela.edu)

**PART 2**

<b>PRESENT AND PREVIOUS EMPLOYMENT –Start with Present or Most Recent Position</b>					
EMPLOYMENT HISTORY	DATE (Month/ Year)		NAME AND ADDRESS OF EMPLOYER		POSITION
	From	To			
Have you worked under another name? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name(s).					May inquiry be made of your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO May inquiry be made of your former employers? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have a legal right to work In the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO

**MAY PUT ADDITIONAL WORK EXPERIENCE BELOW.**

<b>REPORT OF SCHOOL OFFICIAL</b>											
Yes	No	<b>THE RECORDS OF THIS SCHOOL INDICATE THAT THE APPLICANT NAMED HEREIN</b>									
<input type="checkbox"/>	<input type="checkbox"/>	A. Is classified as a full-time regular student of this school under its criteria						D. Current Grade/ Classification			
<input type="checkbox"/>	<input type="checkbox"/>	B. Has completed his course and received a diploma or certificate or has graduated									
<input type="checkbox"/>	<input type="checkbox"/>	C. Has applied for enrollment in this school effective (give date)									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is your school accredited?									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is your school approved by the state in which it is located?									
Name of School Sowela Technical Community College						Address P. O. Box 16950, Lake Charles, LA 70616-6950					
Signature of School Official				Title				Date			
<b>AGENCY REVIEW OF STUDENT STATUS</b>											
Date Reviewed 1.	Initials	Date Reviewed 2.	Initials	Date Reviewed 3.	Initials	Date Reviewed 4.	Initials	Date Reviewed 5.	Initials	Date Reviewed 6.	Initials
The following information is collected to compile equal opportunity reports, as required by law. You <b>ARE NOT</b> legally obligated to provide this information.											
<b>Racial Group</b>						<b>SEX</b>					
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Other	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
<b>Ethnic Group</b>											
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Non-Latino										

Meets Federal Work-Study Guidelines: \_\_\_\_\_ Date: \_\_\_\_\_  
FA Official Signature

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